								Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/837651													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			20	>				RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 _{minus 20=}		•	0		X\$ 9≖		0	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		D			X40=		0	OR	X80=		
M	ATIPLE DEPEN	NDENT CLAIM P	RESENT		_			+135=			1	.070		
* If the difference in column 1 is less than zero, enter "0" in column 2									_		OR	+270=		
CLAIMS AS AMENDED - PART II								TOTA	L	31.75	97	TOTAL		
	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	ΑÓ	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	• 200	Minus	. 2	ற	- 0		X\$ 9=	1		OR	X\$18=	/	
AME	Independent	• /	Minus 3 - 0					X40=	1		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3)								+135=	1		OR	+270=		
								101/	_1			TOTAL		
								ADDIT. FEE OR ADDIT. FEE						
		CLAIMS		HIGH	EST		Г		Ī	ADDI-	ſ	-	ADDI-	
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	. 22	Minus	. 3		- X		X\$ 9=			OR	X\$18=		
	Independent	NTATION OF MU	Minus	Z	5 C All	- 1		X40=	T		OR	X80=		
_	11107711602		Jen Le De	CHOCH	QCA:NO			+135=			OR	+270=		
			•				A	TOTA DDIT. FE			OR ,	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)				_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 22	Minus .	2	2	• Q		X\$ 9=			OR	X\$18≃	1/	
	independent	NTATION OF MI	Minus	PENDENT	CLAIM	= ()		X40=		X	OR	X80=	X	
لــا	If the entry in column 1 is less than the entry in column 2, write '0' in column 3.								1		OR	+270=		
!	I the "Highest Num I the "Highest Nur	nn 1 is less then th nber Previously Pa nber Previously Pa ber Previously Paid	id For IN THI Id For IN THI	S SPACE IS S SPACE IS	less than less than	n 20, enter "20." n 3, enter "3."		TOTAL ODIT. FEE d in the 2	Ŀ			TOTAL DOIT. FEE IMN 1.		

FORM PTO-875 (Rev. 8/00)

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